

Anaphylaxis & Allergy Policy

Version	Final
NQF Requirements	Quality Area 2 - Mandatory
Approved by Committee of Management	26/05/2022
Next Review Date	May 2024

Purpose

This policy will provide guidelines to:

- minimise the risk of allergic reaction including anaphylaxis while children are in the care of Highgate Early Learning Centre.
- ensure that service staff respond appropriately to anaphylaxis and allergies by following the child's ASCIA action plan for anaphylaxis or allergic reactions.
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

Values

Highgate Early Learning Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program.
- raising awareness of families, staff, children, and others attending the service about allergies and anaphylaxis.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child.
- ensuring all staff members and other adults at the service have adequate knowledge of anaphylaxis, allergies, and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of Highgate Early Learning Centre. This policy will apply regardless of whether a

child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Procedures

The Approved Provider or Persons with Management and Control is responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*) and communication plan (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*), is developed, and displayed at the service, and reviewed regularly.
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations.
- ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137).
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*.
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis & Allergy Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91).
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record.
- ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an autoinjector (Regulations 145,146, 147).
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child.
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions & Service Events Policy*).
- identifying children at risk of anaphylaxis during the enrolment process and informing staff.
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma, and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.

- ensuring an Incident/Illness/Accident record is completed when a child is ill or involved in a medical emergency or an incident at the service that results in injury or trauma

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider is also responsible for:

- displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f)).
- ensuring the *Enrolment checklist – Medical Conditions & Dietary Requirements* is completed (refer to *Attachment 5*).
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*) and communication plan (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*), are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner.
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis, their risk minimisation and communication plan filed with their enrolment record (Regulation 162).
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92).
- ensuring parents/guardians of all children at risk of anaphylaxis who have been prescribed an adrenaline autoinjector, provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service.
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner.
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to *Attachment 8*) and ensuring all staff are aware of the procedure.
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*).
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear.
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors.
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy, and its implementation (Regulation 90 (c) (iv A-B)).
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible.

- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*).
- ensuring that children at risk of anaphylaxis are not discriminated against in any way.
- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential when possible and appropriate.
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service.
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*).
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94).
- ensuring that an Incident/Illness/Accident and medication record are kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered.
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- responding to complaints and notifying Department of Education and Training, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
- displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to *Sources*) generic poster *Action Plan for Anaphylaxis* in key locations at the service.
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones.
- complying with the risk minimisation procedures outlined in *Attachment 4*.
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry their fully equipped adrenaline autoinjector kits (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.

The Centre has decided to carry an autoinjector to use in an emergency. It is the responsibility of the Approved Provider to ensure that:

- the autoinjector is unused and in date; the liquid is clear (not cloudy).
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service is to be used.

- the autoinjector is to be administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis.
- the service follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency.
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency.

The Nominated Supervisor or Person in Day-to-Day Control is responsible for:

- ensuring the *Enrolment checklist – Medical Conditions & Dietary Requirements* is completed (refer to *Attachment 5*).
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*) and communication plan (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*), are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner.
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*).
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*).
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94).
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to *Attachment 8*).
- ensuring that children diagnosed as at risk of anaphylaxis has an ASCIA action plan for anaphylaxis and that their adrenaline autoinjector and medication is in date, kept at the Centre and taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*).
- ensuring that children with allergies have an ASCIA action plan for allergic reactions and that their medication is in date, is kept at the Centre and taken on all excursions and other offsite activities.

- compiling a list of children at risk of anaphylaxis and allergic reaction and placing it in a secure but readily accessible location known to all staff (*office folder*). This should include each child's ASCIA action plan.
- ensuring each child's ASCIA action plan is displayed in a prominent position in the child's room, in the family grouping room (*Toddlers Room*) and in the kitchen.
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis.
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*).
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate.
- ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis.
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis and allergies.
- following the child's ASCIAS action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode.
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider.
- ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*).
- providing information to the service community about resources and support for managing allergies and anaphylaxis.
- complying with the risk minimisation procedures outlined in *Attachment 4*.

Educators and other staff are responsible for:

- reading and complying with the *Anaphylaxis & Allergy Policy* and the *Dealing with Medical Conditions Policy*.

- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*).
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis and allergies for children in their care (refer to *Attachment 8*).
- completing or assisting with the development of a risk management plan (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*) and communication plan (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*), for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner.
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans.
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service, this includes purchasing ingredients that are allergen free relating to the anaphylaxis allergen.
- using allergen free ingredients (that will not trigger anaphylactic shock) when cooking with the children or engaging in any food-related activities (e.g., playdough making).
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*).
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode.
- disposing of used adrenaline autoinjectors in the sharps disposal unit provided at the service by the Approved Provider.
- following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to *Attachment 8*).
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode.
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities.
- providing information to the service community about resources and support for managing allergies and anaphylaxis, as required.
- complying with the risk minimisation procedures outlined in *Attachment 4*.

- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service.
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child and communicating any concerns.
- ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

Parents/guardians of a child at risk of anaphylaxis and allergic reaction are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies.
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises.
- assisting the Approved Provider and staff to develop a risk minimisation plan (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*) and communication plan (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*).
- providing staff with an ASCIA action plan for anaphylaxis or allergic reaction, signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan.
- providing staff with an unused, in-date and complete adrenaline autoinjector kit and/or medication for their children.
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner.
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline.
- assisting staff by providing information and answering questions regarding their child's allergies.
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management or allergic reaction action plan in accordance with these changes.
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child.
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device.

- complying with the risk minimisation procedures outlined in *Attachment 4*.
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to *Attachment 8*).

All parents/guardians are responsible for:

- reading and complying with this policy and all procedures, including those outlined in *Attachment 4 - Highgate Early Learning Centre Risk Minimisation Strategies*.
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete.
- regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- monitor the implementation, compliance, complaints, and incidents in relation to this policy.
- keep the policy up to date with current legislation, research, policy, and best practice.
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required.
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Acknowledgements

This policy is based on the ELAA Anaphylaxis Policy which was last updated in October 2020.

ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc. and Department of Education and Training (DET) in the development of this policy.

Attachments

- Attachment 1: Background and legislation
- Attachment 2: Definitions
- Attachment 3: Sources and related policies

Attachments *(continued)*

- Attachment 4: Highgate Early Learning Centre Risk Minimisation Strategies
- Attachment 5: Enrolment checklist – Medical Conditions & Dietary Requirements
- Attachment 6: Anaphylaxis & Allergy Risk Minimisation Plan template
- Attachment 7: Anaphylaxis, Allergy & Food Restriction Communication Plan template
- Attachment 8: First Aid Treatment for Anaphylaxis

Attachment 1: Background and legislation

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1) (b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

Attachment 2: Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g., Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* schedule attached.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed. Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel, and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment, which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected, or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

Mild to moderate signs & symptoms:

- hives or welts.
- tingling mouth.
- swelling of the face, lips & eyes.
- abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.

Signs & symptoms of anaphylaxis are:

- difficult/noisy breathing.
- swelling of the tongue.
- swelling/tightness in the throat.
- difficulty talking and/or hoarse voice.
- wheeze or persistent cough.
- persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Anaphylaxis: A severe, rapid, and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).

Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011* and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service (refer to *Attachment 7 - Anaphylaxis, Allergy & Food Restriction Communication Plan template*).

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

EpiPen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and

each is prescribed according to a child's weight. The Epipen Jr[®] is recommended for a child weighing 10–20kg. An Epipen[®] is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is permitted by their parents/guardians and does not share food with, or accept food from, any other person.

Nominated staff member: (In relation to this policy) a staff member (usually the Team Leader) nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis and reviewed at least annually and always on re-enrolment (refer to *Attachment 6 – Anaphylaxis & Allergy Risk Minimisation Plan template*).

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers, and students at a service, as set out under Division 9 of the National Regulations.

Attachment 3: Sources and related policies

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>
- Allergy & Anaphylaxis Australia Inc. is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCI): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to *Attachment 8*). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
 - *Allergic and anaphylactic reactions* (July 2019): https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Attachment 3: Sources and related policies (*continued*)

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment & Orientation Policy*
- *Excursions & Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma, and Illness Policy*
- *Inclusion & Equity Policy*
- *Nutrition & Active Play Policy*
- *Privacy & Confidentiality Policy*
- *Supervision of Children Policy*

Attachment 4: Highgate Early Learning Centre Risk Minimisation Strategies

The following procedures will be implemented to minimise the risk of anaphylaxis at the Centre. These procedures will be regularly reviewed to identify and address any risk of exposure to allergens.

1. All educators are trained in the management of Anaphylaxis.
2. Copies of the ASCIA action plans for anaphylaxis are on display in the Toddler room (family grouping room), the child's room and in the kitchen for easy reference.
3. Medication, including Adrenaline Auto-Injection Device (EpiPens) for individual children is stored in prescribed locations in their rooms. The Centre's adrenaline auto-injection device (EpiPen) is stored next to the First Aid Kit in the foyer.
4. There is a system in place to ensure medication prescribed for children, is current.
5. A notice is displayed in the foyer stating the number of children at risk of anaphylaxis enrolled at the Centre.
6. The Nominated Supervisor/Responsible person will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers, and students, and ensure they know the location of the child's ASCIA action plans, Adrenaline Auto-Injection Device and medication.
7. Parents are required to provide written authorisation for the administration of medication; educators will complete an administration of medication record whenever medication is provided.
8. A copy of parent's authorisation to administer medication, is attached to the child's enrolment record with original filed in child's file.
9. A child's ASCIA action plan, risk minimisation plan and communication plan are attached to the child's enrolment record and the original filed in the child's file.
10. A risk minimisation plan for individual children at risk of anaphylaxis will be formulated, in consultation with parents/guardians.
11. Should food allergen/s for a child change, parents will be asked to provide this information in writing. A copy of this communication is to be placed in the child's file.
12. The Adrenaline Auto-Injection Device and all anaphylaxis medication will be administered, according to the child's ASCIA action plan.
13. The Adrenaline Auto-Injection Device, ASCIA action plan and other medication are taken on all excursions and off-site activities attended by the child at risk of anaphylaxis.

Attachment 4:

Highgate Early Learning Centre Risk Minimisation Strategies (*continued*)

In relation to the child diagnosed as at risk of anaphylaxis.

If allergens are food related:

1. All food is to be made in accordance with each child's risk minimisation plan; if any adjustments need to be made, parents are to be consulted. Parents are to confirm adjustments/changes in writing.
2. The child should only eat food that has been specifically prepared for him/her; food is to be served in a separate bowl/plate and labelled with the child's name. Children with allergies are to be served first.
3. Ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
4. Drink bottles provided by parents/guardians should be clearly labelled with the child's name.
5. Consider where children are seated/positioned at mealtimes. Minimise the risk of contact/consumption of allergens e.g., provide an individual highchair for very young children to minimise the risk (*Infants room*).
6. Where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children.
7. Ensure tables, highchairs and bench tops are thoroughly cleaned after every use.
8. Encourage all children and adults to their wash hands upon arrival at the service, and before and after eating.
9. Supervise all children at meal and snack times and ensure that food is consumed whilst the children are seated, and any food scraps are cleaned up at the end of the meal.
10. Ensure that children's risk minimisation plans inform the service's food purchases and menu planning.
11. Ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
12. Request that all parents/guardians and staff do not bring external food to the service and are conscious of their child/ren consuming foods that contain specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis, in particular immediately prior to attending the Centre.
13. Request that all parents/guardians change children's clothing if there is a possibility that the clothing has come into contact with the specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis. If this is not possible, to inform educators that their child's clothing should be changed.
14. Be aware of and follow children's risk minimisation plans when using food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service.
15. Any foods or resources used at the service should be consistent with the risk minimisation plans of children diagnosed as at risk of anaphylaxis.

Attachment 4:

Highgate Early Learning Centre Risk Minimisation Strategies (*continued*)

In relation to other practices at the service.

1. Ensure that garden areas are kept free from stagnant water and plants that may attract biting insects such as mosquitoes.
2. When sourcing plants for the Centre, choosing plants that do not attract bees and repel mosquitoes.
3. Ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events.
4. Children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.
5. Teach children about anaphylaxis and strategies to minimise the risk of anaphylaxis including the importance of not sharing food with at-risk children.

**Attachment 5:
Enrolment checklist – Medical Conditions & Dietary Requirements**

Child's name:	Room:	Date of Birth:
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- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Allergy | <input type="checkbox"/> Food Restriction |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |

To be completed by Assistant Director on first enrolment following receipt of enrolment form indicating medical conditions and/or dietary requirements, or on initial diagnosis, if later.

Assistant Director is also expected to make necessary updates if any circumstances change regarding the child's enrolment (e.g., days of attendance).

Completed forms should be filed in the enrolment section of the child's file (section 1).

	Completed	Not Applicable
1. Parent Handbook and relevant policies (e.g., Food Safety Policy, Allergy & Anaphylaxis Policy etc.) provided to the child's family.	<input type="checkbox"/>	<input type="checkbox"/>
2. Colour copy of relevant Action Plan has been provided to the Centre.	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan details match enrolment record.	<input type="checkbox"/>	<input type="checkbox"/>
Child's recent photo attached.	<input type="checkbox"/>	<input type="checkbox"/>
Original copy (with photo) placed in the child's file.	<input type="checkbox"/>	<input type="checkbox"/>
Colour photocopy (with photo) placed in:	<input type="checkbox"/>	<input type="checkbox"/>
○ Child's Room		
○ Toddler Room (Family Grouping)		
○ Staff Room		
○ Kitchen		
○ Office master file		

	Completed	Not Applicable
3. Risk Minimisation Plan completed	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication Plan completed	<input type="checkbox"/>	<input type="checkbox"/>
5. Medication provided by the child's family	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Original container with label intact ○ Child's name ○ Dosage ○ Instructions ○ Expiry date 		
Location of medication checked & appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date checked & noted on Office calendar	<input type="checkbox"/>	<input type="checkbox"/>
6. Ongoing Medication Record completed	<input type="checkbox"/>	<input type="checkbox"/>
7. Update Dietary Requirements table	<input type="checkbox"/>	<input type="checkbox"/>
Updated copy provided to:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ All Rooms ○ Kitchen 		
Old copies shredded	<input type="checkbox"/>	<input type="checkbox"/>
8. Create Dietary Requirements card	<input type="checkbox"/>	<input type="checkbox"/>
Laminated copy provided to:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Food Trolley ○ Drink Trolley 		

Additional Notes

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Attachment 6: Anaphylaxis & Allergy Risk Minimisation Plan template
[Year] Risk Minimisation Plan

Anaphylaxis & Allergy

Child's name:	Room:	Date of Birth:
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1. Pre-existing action plan			
Does your child have a current ASCIA Action Plan for an Allergic Reaction or Anaphylaxis completed by your GP/specialist?	<input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> A colour copy of the current plan is attached <input type="checkbox"/> A colour copy has been uploaded to Xplor <input type="checkbox"/> A colour copy has been provided previously Action Plan Review Date: _____		
<input type="checkbox"/> No			
2. List allergens			
What is the allergen addressed in this risk minimisation plan? <i>(e.g., food, environmental, chemical, or other related)</i>	Allergen	Potential Source of Exposure	Reaction
3. Action required			
What action needs to be taken if your child is exposed to or consumes said allergen? <i>(e.g., administer medication, apply medicated ointment)</i>	List steps to be taken:		
4. Prescribed Medication			
Please complete the details of the prescribed medication for the child as listed in their ASCIA Action Plan.	Name of Medication	Dose & method of application	Frequency of application

<input type="checkbox"/> No medication required	<p>Location of medication: _____</p> <p>Contact name & no: _____</p>
<p>5. Minimisation strategies</p>	
<p>The Centre has an Anaphylaxis & Allergy Policy which outlines our Risk Minimisation Procedures – see copy attached.</p> <p><i>(e.g., Anaphylaxis, asthma and first aid trained educators are on the premises at all times; staff changing gloves and washing hands; changing cutting boards, cleaning benches with clean or different cloths when preparing meals for the Centre and at-risk children)</i></p>	<p>List any additional risk minimisation procedures to be implemented:</p>
<p>6. Safe Foods</p>	
<p>Please specify if you have tried particular products that are considered safe for your child. <i>(e.g., brand/type of dry biscuits)</i></p>	

A review of this risk minimisation plan will be completed at the beginning of each year or as required.

2021 Risk Minimisation Plan completed by:

By signing this form, I am aware that my child cannot attend the service without prescribed medication in relation to his/her specific health care need. I understand that this medication will need to be replaced when required. This is in accordance with the Education and Care Services National Regulation 90 Part 1c, Section iii(E) (NSW 2011).

Print name: _____ (Parent/Guardian)

Signed: _____ Date: _____

2021 Risk Minimisation Plan reviewed by:

Print name: _____ (Educator)

Signed: _____ Date: _____

Attachment 7: Anaphylaxis, Allergy & Food Restriction Communication Plan template

[Year] Communication Plan

Anaphylaxis, Allergy & Food Restriction

Child's name:	Room:	Date of Birth:
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The following communication plan is prepared in accordance with regulation 90(1)(iii) to outline how educators, parents/families and student/volunteers are informed about the medical condition policy, risk minimisation plan and communication plan for the child.

Families should inform the Centre of any changes to the Risk Minimisation and Communication Plan as soon as possible.

Communication to: All Stakeholders		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Action plans are available to see in family grouping room and the child's allocated room.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Assistant Director
A sign is displayed at the entrance of the building informing families not to bring certain allergens into the Centre.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
There is a sign in the entry foyer, indicating the number of children at the service who have been diagnosed as being at risk of anaphylaxis.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Communication to: Families of children with Anaphylaxis, Allergy or Food Restriction		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
A copy of the Centre's current Anaphylaxis & Allergy Policy and Food Safety Policy is provided.	<ul style="list-style-type: none"> • On commencement • When a child is diagnosed with anaphylaxis, allergy, or food restriction • When the policy is reviewed 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
A sign is displayed at the entrance of the	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Centre Director

building informing families not to bring food or drink with certain allergens into the Centre.		<ul style="list-style-type: none"> Assistant Director
There is a sign in the entry foyer, indicating the number of children at the service who have been diagnosed as being at risk of anaphylaxis.	<ul style="list-style-type: none"> Ongoing and updated as required. 	<ul style="list-style-type: none"> Centre Director Assistant Director
Communication to: Families of children with Anaphylaxis, Allergy or Food Restriction (continued)		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Implement strategies identified on the enrolment checklist and Risk Minimisation Plan	<ul style="list-style-type: none"> On commencement When the child is diagnosed with allergy/anaphylaxis/food restriction 	<ul style="list-style-type: none"> Centre Director Assistant Director
Review child's Risk Minimisation Plan and Communication Plan and return to the Centre.	<ul style="list-style-type: none"> At the beginning of each year When the child is diagnosed with anaphylaxis, allergy, or food restriction 	<ul style="list-style-type: none"> Families
Provide an updated Action Plan (colour copy with recent picture of the child).	<ul style="list-style-type: none"> Annually or when they are renewed 	<ul style="list-style-type: none"> Families
Communicate changes to children's individual needs, verbally and in writing (email) to the Team Leader.	<ul style="list-style-type: none"> When required 	<ul style="list-style-type: none"> Families
Communication to: Nominated Supervisor		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Advise all new educators, volunteers, students about the location the child's action plan and medication as part of their induction. Medications (e.g., EpiPen or Zyrtec) are to be stored in a safe and secure location and manner.	<ul style="list-style-type: none"> During orientation/induction 	<ul style="list-style-type: none"> Centre Director Assistant Director
Regularly remind parents of children with anaphylaxis, allergy, or food restrictions to update their Action Plan, Risk Minimisation Plan, Communication Plan & Medication.	<ul style="list-style-type: none"> Annually or when expired 	<ul style="list-style-type: none"> Centre Director Assistant Director
Update child's enrolment and medical information as soon as possible after parents have provided updated information.	<ul style="list-style-type: none"> When new information is communicated 	<ul style="list-style-type: none"> Centre Director Assistant Director

Communication to: Cook & Permanent Educators		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Food for children with anaphylaxis, allergy or food restriction are served wrapped in individual dishes with the child's individual dietary requirement card on top when food is placed on the trolley for transportation to the room.	<ul style="list-style-type: none"> Daily at all mealtimes when applicable 	<ul style="list-style-type: none"> Cook
Room educators will ask Cook if food is safe for individual children with special dietary requirements. Educators list the items children are allergic to (e.g., "so to confirm, there is no mushroom in this meal?")	<ul style="list-style-type: none"> Daily at each meal 	<ul style="list-style-type: none"> Room educators Cook
Educators serve children with special dietary requirements first.	<ul style="list-style-type: none"> Daily at each mealtime 	<ul style="list-style-type: none"> Room educators
Educators from each room write the total number of children attending for the day as well as the names of children who have special dietary requirements.	<ul style="list-style-type: none"> Each morning 	<ul style="list-style-type: none"> Educator from each room Team leader to ensure this occurs.
A list of children's dietary requirements and days of attendance are displayed in the kitchen.	<ul style="list-style-type: none"> At the beginning of each year and updated when new information received. Updated when new children start, or details change. 	<ul style="list-style-type: none"> Assistant Director
Check with permanent room educators that the children with special dietary requirements are present.	<ul style="list-style-type: none"> Daily 	<ul style="list-style-type: none"> Assistant Director
Prepare/cook food for children as well as individual dishes for children with special	<ul style="list-style-type: none"> Daily before commencing food 	<ul style="list-style-type: none"> Cook

<p>dietary requirements following food safety steps, as per the Centre's Food Safety Program.</p>	<p>prep.</p>	
<p>Communication to: Educators</p>		
<p><i>Details</i></p>	<p><i>Timeframe</i></p>	<p><i>Person Responsible</i></p>
<p>Educators are required to read the Centre's current Anaphylaxis & Allergy Policy and Food Safety Policy during orientation.</p>	<ul style="list-style-type: none"> • During initial orientation process 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
<p>All educators are informed about and familiar with the Action Plans displayed in in each room and in the kitchen.</p> <p>Educators are also expected to read children's Risk Minimisation Plans and Communication Plans.</p>	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
<p>The Centre Cook will liaise with team leaders and families in relation to individual dietary requirements of children.</p>	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Cook • Team leaders • Families
<p>All educators are required to have current training in First Aid including Anaphylaxis training.</p>	<ul style="list-style-type: none"> • Copies of current First Aid qualifications are provided on commencement and maintained each year. 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
<p>All educators are informed and required to read Risk Minimisation Plans and minimise any trigger that may happen in the room (e.g., serving children with dietary requirements first, then proceed with other children.</p>	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
<p>Complete an Incident, Injury, Trauma, & Illness form when required and communicate it to families promptly.</p>	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
<p>Administer provided medication (e.g., EpiPen or Zyrtec) when children show symptoms of Anaphylactic or Allergic reaction or when required.</p>	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director

Educators will fill in a medication log and communicate this to families promptly.		
Enquire about child's health to check if there have been any changes in their condition or treatment.	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> All educators Centre Director Assistant Director
Communication to: Relief Staff, Visitors, Students, Volunteers & Early Intervention Specialists		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
All stakeholders are informed about relevant Anaphylaxis & Allergy Policy and Food Safety Policy procedures and Risk Minimisation Plans.	<ul style="list-style-type: none"> During initial and subsequent orientation into the service 	<ul style="list-style-type: none"> All educators Assistant Director Centre Educators
Signs are placed at the entrance to the building informing families not to bring food or drink with certain allergens into the service and the number of children at the service who have been diagnosed as being at risk of anaphylaxis.	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> Centre Director Assistant Director

A review of this Communication Plan will be completed at the beginning of each year or as required.

In addition to the Communication Plan above, I would like to add the following comments:

Please list any additions, corrections, or modifications to be included in the plan.

[Year] Communication Plan reviewed by:

Print name: _____ (Parent/Guardian)

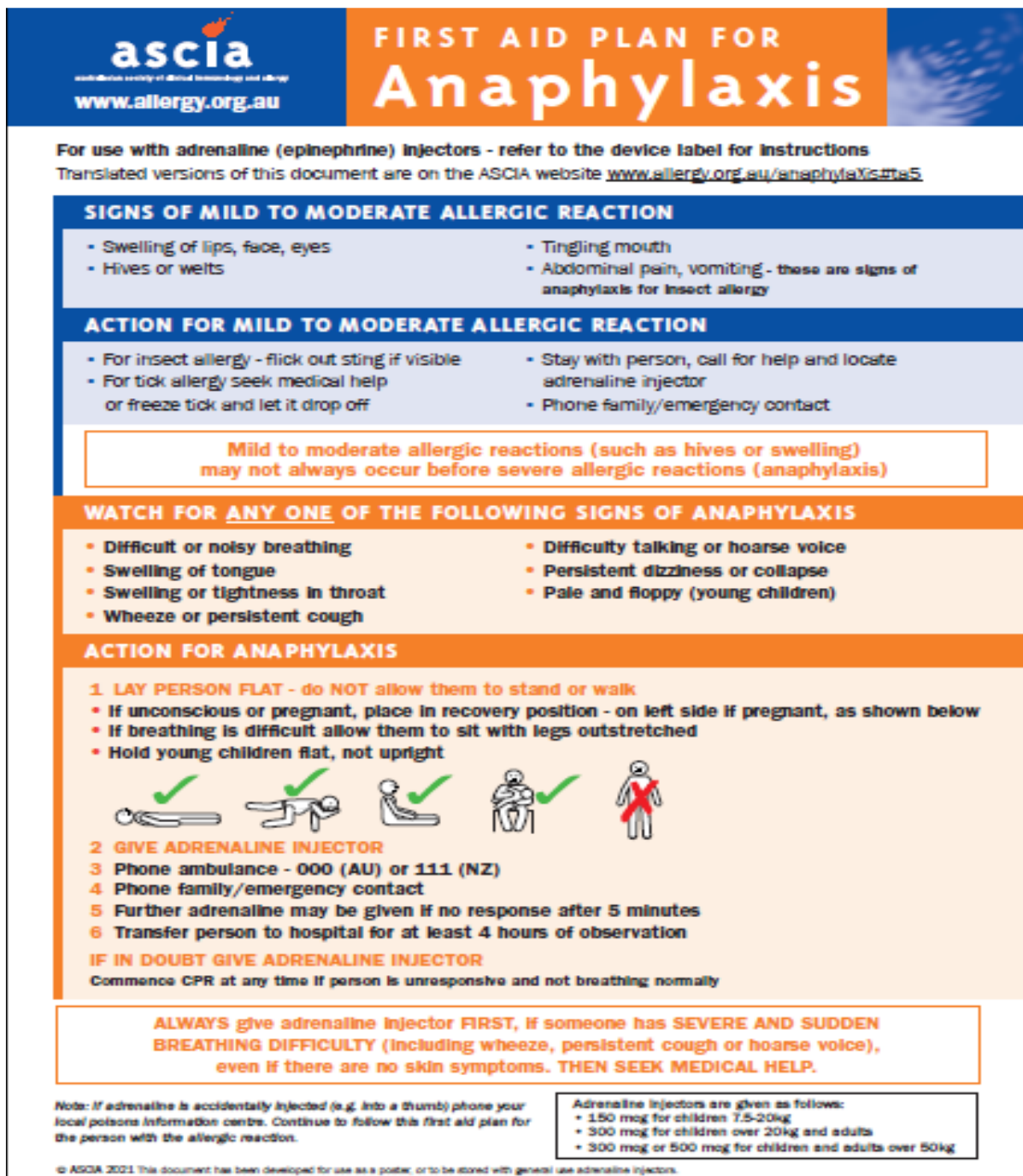
Signed: _____ Date: _____

[Year] Communication Plan reviewed by:

Print name: _____ (Educator)

Signed: _____ Date: _____

Attachment 8: First Aid Treatment for Anaphylaxis



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors - refer to the device label for instructions
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Phone family/emergency contact


Mild to moderate allergic reactions (such as hives or swelling) may not always occur before severe allergic reactions (anaphylaxis)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT** - do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



2 **GIVE ADRENALINE INJECTOR**
3 **Phone ambulance** - 000 (AU) or 111 (NZ)
4 **Phone family/emergency contact**
5 **Further adrenaline may be given** if no response after 5 minutes
6 **Transfer person to hospital** for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

Adrenaline injectors are given as follows:
• 150 mcg for children 7.5-20kg
• 300 mcg for children over 20kg and adults
• 300 mcg or 500 mcg for children and adults over 50kg

© ASCIA 2021. This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.